



Department of Veterans Affairs

National Commission on VA Nursing

Interim Report

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I. Introduction

The purpose of this report is to provide VA leadership and stakeholders a brief update of the National Commission on VA Nursing (the Commission) activities. Although not mandated by the legislative act that established the Commission, an interim report was deemed by the Commission members and staff as an appropriate means to convey its progress. The nation faces a health care work force crisis greater in magnitude than it has experienced in the past. Multiple influencing factors have been identified including the aging of the general populace, the increase in health care demand and the limited growth in the numbers of individuals entering health careers in general and nursing specifically. Many authors and government reports predict a sharp and exponential widening of the gap between available supply of nurses and the demand for nursing care over the next ten years.

The Department of Veterans Affairs is experiencing a shortage of nursing personnel similar to national trends and if the available supply of nursing personnel remains constant, the ability of Veterans Health facilities to meet the health care needs of veterans will be adversely affected. The Veterans Health Administration is the largest employer of health care workers in the United States. It is also the employer of over 55,000 registered nurses, licensed practical nurses and nursing assistants. VHA provides inpatient, outpatient and home care across various settings. According to VA records, for the calendar year ending December 31, 2002, there were 162 VA hospitals, 137 nursing homes, 681 community clinics, 11 mobile clinics, and 43 domiciliaries. VHA reported over 550,000 admissions. During the same period, more than 49,000,000 outpatient visits were reported (Department of Veterans Affairs, 2002). VHA patient workload continues to rise in the midst of a growing nursing shortage.

II. *Charge of the Commission*

VA responded to the forecast and anticipated work force shortage by creating two specific task forces: one task force developed overall recommendations for succession planning and the other task force focused specifically on nursing workforce planning. The Nursing Workforce Task Force was charged to “critically review salient aspects of the national shortages for VA and formulate strategies to ensure VA’s ability to attract and maintain a qualified nursing staff” (“A Call to Action: VA’s Response to the National Nursing Shortage”, 2001). One of the recommendations included in the Call to Action comprehensive report, was that a National Commission on VA Nursing be established to review legislative and organizational policy changes to enhance recruitment and retention of nurses and assess the future of the nursing profession in the VA. Through Public Law 107-135, the twelve member National Commission on VA Nursing was established and charged to:

1. Consider legislative and organizational policy changes to enhance the retention of nurses and other nursing personnel by the Department of Veterans Affairs.
2. Assess the future of the nursing profession within the Department.
3. Recommend legislative and organizational policy changes to enhance the recruitment and retention of nurses and other nursing personnel in the Department.

The Commission convened in May 2002

A five member Advisory Board (the Board) was also established. The purpose of the Board is to assist the appointed members of the Commission to meet their duties and enhance

their expertise. The Board members act as consultants, providing support, critical review and feedback to the Commission.

III. *Work Plan*

The Commission established a work plan to accomplish its task. Establishing the direction and focus of the Commission's work was paramount. A statement was developed to define a preferred future state of VA nursing. Members agreed that the statement should be futuristic and innovative, have a focus on valuing of staff and reflect VA's mission.

Desired Future State of VA Nursing

“VA Nursing is a dynamic diverse group of honored, respected and compassionate professionals. VA is the leader in the creation of an organizational culture where excellence in Nursing is valued as essential to quality healthcare for those who have served.”

The Commission established a framework for determining the strategic and tactical steps necessary to achieve the desired future state. Models of excellence were sought and the literature was reviewed to determine a framework in which to process and report information and to assist in drawing conclusions and making recommendations. The Baldrige Healthcare Criteria and Magnet standards of care and practice were considered as appropriate models. The characteristics and concepts of both models were utilized. (American Nurses Credentialing Center, 2002). A crosswalk of these two models revealed a strong compatibility in the dimensions of leadership, staff focus, and focus on patients (factors identified in the literature as critical to the recruitment and retention of nurses and employees in general). (Baldrige National Quality Program, Health Care Criteria for Performance Excellence, 2002, McClure and Hinshaw, 2002).

Studies on nursing satisfaction, recruitment, retention and the overall looming nursing shortage were reviewed. Common themes were identified from national studies regarding nursing staff retention. The VA Call to Action report was reviewed and compared to other national studies; comparable concerns regarding nurse recruitment and retention were noted. Common threads were labeled as the following key drivers: Work Environment; Fair Compensation; Leadership; Professional Development and Respect/Recognition. These key drivers provided a framework for the Commission's next steps. The Commission developed and executed a plan to gather information on the identified key drivers from VA staff and management and sought/elicited their recommendations for achieving the desired future state of VA nursing.

IV. *Assessment*

The Commission collected data and obtained feedback from various levels of VA staff using several methods. A web site was developed primarily as a tool for disseminating and gathering information. Staff accessing the web site to provide input to the Commission were guided by the following statement; “ The Commission is interested in hearing comments/concerns that you might want to share on the following topics: recruitment and retention of CRNA's; recruitment and retention of LPN'S/LVN'S; recruitment and retention of NA's; recruitment and retention of RN's; the future of the nursing profession; the future of nursing in the VA”. The responses provided another source of assessment data and continue to be analyzed.

Feedback was received from VA Nursing Staff in the form of faxes, hearings, and responses to the Commission web site. Hearings were held for VA Nursing Staff in four cities across the country. The Commission received 826 written testimonies and heard 190 oral testimonies. Transcripts of oral testimony will be available on the Commission web site. VA Nurse leaders (one hundred) participated in a forum held to elicit feedback from the nursing management level on recruitment and retention issues and the future of VA nursing. Facility leadership (ten Directors, Chiefs of Staff, and Nurse Executives) was interviewed by telephone by two non-VA staff commission members. A nursing staffing survey of all VA facilities was conducted to each Network with a survey return rate of 80%. The survey addressed turnover rates, vacancy rates, replacement rates, budgeted ceiling, position losses, and nurses and nursing assistant certifications. The VA's "All Employee Satisfaction Survey" results were reviewed focusing on specific responses from nursing staff.

Three emerging themes from the internal analysis of data collected from VA nursing personnel, organized labor representatives, medical and executive leaders centered on the following: Nurse Professional Standards Board, Nurse Qualification Standards and Staffing. Issues surrounding the top two topics are mixed with pros and cons and are administrative, structural and process in nature. The latter topic emerged as a theme through all data sources in differing degrees. The Commission continues to analyze and interpret information surrounding these issues.

Numerous VA reports were reviewed such as: VHA Strategic Plan; 2001 Succession Plan; Annual Reports on Locality Pay Adjustment; Requests for Waivers of Pay Reductions; Annual Report on Use of Authorities to Enhance Retention of Experienced Nurses; Annual Report on Staffing for Nurses and Nurse Anesthetists; Mandatory Overtime Report. The

Commission at each meeting reviews recommendations made in the Call to Action report for progress toward implementation.

V. *Summary and Future Considerations*

The chairperson of the National Commission on VA Nursing resigned as of June 18, 2003. The Commission acknowledges her contributions and she has agreed to provide guidance to the Commission and its new chair. Over the next few months, the Commission will continue to synthesize data, consider expert opinion and formulate recommendations to prepare a final draft report. The Commission will submit its final report to the Secretary of the Department of Veterans Affairs, May 2004 with specific legislative and organizational recommendations to assure the availability of a qualified nursing workforce to meet the health care needs of America's veterans.

VI. References

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